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CONFIRMATION NO. 4794

SERIAL NUMBER 10/622,562	FILING OR 371(c) DATE 07/18/2003 RULE	CLASS 128	GROUP ART UNIT 3772	ATTORNEY DOCKET NO. 011158US2
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APPLICANTS

Peter Ho, Pittsburgh, PA;

**** CONTINUING DATA *******

This appln claims benefit of 60/402,336 08/09/2002

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

10/20/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 5	TOTAL CLAIMS 36 35 NP	INDEPENDENT CLAIMS 10 3 NP
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>/Nihir Patel/</u> Examiner's Signature				

ADDRESS

30031

TITLE

Headgear for use with a patient interface device

FILING FEE RECEIVED 2650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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